

2271

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>145</u>	
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>79</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or	(No. _____ St. _____ Ward _____)		
City of _____			
FULL NAME OF CHILD <u>Claude Willis Smith</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Allve <input checked="" type="checkbox"/>	
Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and <u>1</u>	Number in order of birth <u>1</u>
			Legitimate? <input checked="" type="checkbox"/>
			Date of Birth <u>Oct 17</u> 191 <u>9</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Claude Willis Smith</u>		Full Maiden Name <u>Horris Beers</u>	
Residence <u>Miami (Gila)</u>		Residence <u>Miami</u>	
Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>17</u> (Years)
Birthplace <u>Georgia</u>		Birthplace <u>Kansas</u>	
Occupation <u>Soldier</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Oct 17</u> 191 <u>9</u> , at <u>8:30 A.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Charles E. Irwin M.D.</u>	
		(Attending physician, midwife, householder. *)	
Given or christian name added from a supplemental report <u>191</u>		Address <u>Miami</u>	
Filed <u>Feb 20</u> 191 <u>9</u>		LOCAL REGISTRAR.	
<u>328-217-124</u>		A True Copy <u>189</u>	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	